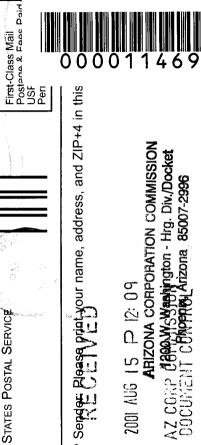
## United States Postal Service



2001 AUG 15 P 12: 09

## SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete A. Received by (Please Print Clearly, B. Date of Delivery COMPLETE THIS SECTION ON DELIVERY

item 4 if Restricted Delivery is desired

 Article Addressed to: Attach this card to the back of the mailpiece Print your name and address on the reverse or on the front if space permits. so that we can return the card to you C. Signa

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Yes	Agent	
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Cialiani County board of Supv.			the front if snace permits
	10-10-880000-1	D. Is delivery address different from Jem 1792 Yes If YES, enter delivery address below:	ニュングノン・イングを発

Insured Mai C.O.D

Certified Mail

Express Mail

Return Receipt for Merchandise

Registered

4.
 Restricted Delivery? (Extra Fee)

□ Yes

7099 3400 0018 2489 655A Domestic Return Receipt 102595-00-M-0952

PS Form 3811, July 1999

Article Number (Copy from service label)

Safford, AZ 85546 Route 2 Box 995-B